MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08309

CERTIFICATE OF DEATH

Reg. Dist. No. 282

M

C

1. PLACE OF DEATH:
COUNTY St Mary's MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown X
LENGTH OF STAY (in this place) 1 hour 10 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital 20

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St Mary's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Leonardtown X
STREET ADDRESS (If rural give location) R. F. D. # 2

3. NAME OF DECEASED: (Type or Print) (First) Infant (Middle) (Last) Bud

4. DATE OF DEATH: (Month) August (Day) 10 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: August 10, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min. 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Aud
14. MOTHER'S MAIDEN NAME: Rose Klear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Mrs Gilbert Klear Leonardtown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X

Immediate cause (a) Prematurity DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: ~~[illegible]~~ 1 hr. 10 min

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/10, 1953, to 8/10/53 19....., that I last saw the deceased alive on 8/10, 1953 and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE Wm D Boyd (Degree or title) MD ADDRESS Leonardtown DATE SIGNED 8/12/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Aug 12 1953
NAME OF CEMETERY OR CREMATORY St Aloysius
LOCATION (City, town, or county) Leonardtown (State) Md

DATE REC'D BY LOCAL REGISTRAR 8/12/53
REGISTRAR'S SIGNATURE Carvalier
24. FUNERAL DIRECTOR Jos C. Mattingley ADDRESS Leonardtown Md

2083181180

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 14 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 284

1. PLACE OF DEATH:
COUNTY St. MARYS MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LEONARDTOWN X
LENGTH OF STAY (in this place) 6 HRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. MARYS 20 HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY St. M.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Budds Creek X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) P (Last) BAKER
4. DATE OF DEATH: (Month) Aug (Day) 26 (Year) 1953

5. SEX: F
6. COLOR OR RACE: NEGRO
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): INFANT
8. DATE OF BIRTH: July 14 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months 1 Days 12 IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: INFANT
11. BIRTHPLACE (State or foreign country): St. MARYS
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: GEORGE BAKER
14. MOTHER'S MAIDEN NAME: ANNIE LOUISE BUSH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: ANNIE LOUISE BUSH

18. MEDICAL CERTIFICATION BUDDS CREEK - Md

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

773.5

Immediate cause (a) Exhaustion

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b) Premature birth, Malnutrition

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug 25, 1953, to Aug 25, 1953, that I last saw the deceased alive on Aug 25, 1953, and that death occurred at 2:05 AM, from the causes and on the date stated above.

SIGNATURE Levin J Solhotm (Degree or title) Physician
ADDRESS Charlotte Hall Md
DATE SIGNED Aug 26/53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF Aug. 26, 1953
NAME OF CEMETERY OR CREMATORY St JOSEPH'S
LOCATION (City, town, or county) (State) MORGANZA - Md

DATE REC'D BY LOCAL REGISTRAR Aug. 26-1953
REGISTRAR'S SIGNATURE Eleanor S. Canter
24. FUNERAL DIRECTOR Jos C. Mattingley
ADDRESS Leonardtown, Md

4073194283

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 28 1953
BUREAU V. S.

Item 18 Film G157 8-28-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 282

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall X — LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Park Hall, X
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
August	Henry	Behrens	8 -	13 -	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	widowed	5/6/1877	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Coal Merchant	retired	Baltimore, Maryland.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Mano Behrens	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no	--	--	Marcella A. Dietrich (daughter)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Debilitation

177X Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinomatosis

(c) Carcinoma of Prostate

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Dec. 1951, to Aug. 12, 1953, that I last saw the deceased alive on Aug. 12, 1953, and that death occurred at 8 30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert T. Thibadeau	M.D.	Lexington Park, Md.	8-13-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8/15/53	Louden Park Cemetery	Baltimore, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/13/53	[illegible]	P.B. Robinson - Leonardtown Md.	

VS. A15

RECEIVED
AUG 17 1953
BUREAU V. S.

08312

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY St Mary's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Leonardtown X
LENGTH OF STAY (in this place) 4 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS St Mary's Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY St Mary's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abells
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Julia (Middle) (Last) Collins

4. DATE OF DEATH (Month) Aug (Day) 30 (Year) 1953

5. SEX F.

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Apr. 13. 1879

9. AGE last birthday 74 yrs. If under 1 year Months 4 Days 7 If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland St Mary's

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Edwin Collins, Abells. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443X Immediate cause (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 10 hrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive cardio vascular disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION — 0

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J Roy Guyther (Degree or title) MD ADDRESS Mechanicsville, Md DATE SIGNED 8/31/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF Sept 2, 1953 NAME OF CEMETERY OR CREMATORY St. Joseph LOCATION (City, town, or county) Morganza (State) Md

DATE REC'D BY LOCAL REG. 9/8/53 REGISTRAR'S SIGNATURE F A Camalier

24. FUNERAL DIRECTOR Jos C. Mattingly ADDRESS Leonardtown, Md

mcb

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 8 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY St Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hermanville; MARYLAND; LENGTH OF STAY (in this place) 65 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Mary's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hermanville (Rural); STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas	Franklin	Davis	August	19	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	colored	Widowed	Oct. 22 1909	45 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Truck Farm	North Carolina	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Issac Lenon	Mary Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Mary Brown Hermanville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
33/X Immediate cause	(a) Cerebral hemorrhage	6 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
O J Bean	MD	Great Mills Md	8/22/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-27-53	Moors Fair	Hermanville, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-22-53	O J Bean, M.D. Local Registrar	Jos C. Washington	Hermanville Md

RECEIVED
AUG 26 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

1. PLACE OF DEATH: COUNTY St. Marys MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park X
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY St. Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lexington Park X
STREET ADDRESS (If rural, give location) 58 Salamaua Ct.

3. NAME OF DECEASED (Type or Print) (First) John (Middle) Douglas (Last) Day, Jr.
4. DATE OF DEATH (Month) Aug. (Day) 29 (Year) 1953

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH June 10 1896
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineman
10b. KIND OF BUSINESS OR INDUSTRY US Civil Service
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John D. Day Sr.
14. MOTHER'S MAIDEN NAME Laura Fonner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW 2
16. SOCIAL SECURITY NO. 090 -0905393
17. INFORMANT AND ADDRESS Fedora French - Lexington Park, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

931.8

Immediate cause (a) Heat exhaustion — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) .....

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. — —

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ✓ OR CONTRIBUTING CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office, bldg., etc.) OF INJURY While working on a new house in wooded area he felt faint and went home and about 4 hours later was found dead (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) Aug (Day) 29 (Year) 53 (Hour) 2 P.m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ✓, Inquiry ✓ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ✓, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE P J Bean MD (Degree or title) ADDRESS Great Mills Md DATE SIGNED Sept 1/53

CREMATION OR MOVAL (Specify) Burial
DATE THEREOF 9/3/53
NAME OF CEMETERY OR CREMATORY Laurel Memorial Park Cem.
LOCATION (City, town, or county) (State) Plesantville, New Jersey.

DATE REC'D BY LOCAL REG. Sept 1/53
REGISTRAR'S SIGNATURE P J Bean MD Local registrar
24. FUNERAL DIRECTOR P.B. Robinson - Leonardtown, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Rec'd
9-1-53
VS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2 87

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY: St. Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Lexington Park X
LENGTH OF STAY (in this place): 7hr. 5min.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Infirmary, U.S. Naval Air Station, Patuxent River, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: New York — COUNTY: Bronx
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: New York City
STREET ADDRESS (If rural give location): 3261 Johnson Ave.

3. NAME OF DECEASED: (Type or Print) (First) Carmen (Middle) Theresa (Last) GALLAGHER

4. DATE OF DEATH: (Month) Aug. (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Cauc.

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Infant

8. DATE OF BIRTH: 25 Aug 1953

9. AGE Last birthday: ___ yrs. IF UNDER 1 YEAR: Months ___ Days ___ IF UNDER 24 HRS.: Hours 7 Min. 5

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: ------

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Francis GALLAGHER

14. MOTHER'S MAIDEN NAME: MARTIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: ------

17. INFORMANT & ADDRESS: U.S. Navy Files

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

776X Immediate cause (a) IMMATURITY — Interval Between Onset And Death: .....

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) PREMATURITY — Interval Between Onset And Death: 7hr. 5min.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 25 Aug, 1953, to 26 Aug, 1953, that I last saw the deceased alive on 26 Aug., 1953, and that death occurred at 5:50 A.M., from the causes and on the date stated above.

(SIGNATURE) J.H. LEDE (Degree or title) LT MC USNR — ADDRESS: USNAS, Patuxent River, Maryland — DATE SIGNED: 26 Aug 1953

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL & BURIAL — DATE THEREOF: 8-29-53 — NAME OF CEMETERY OR CREMATORY: ST MARYS CEMETERY. — LOCATION (City, town, or county) (State): ANNAPOLIS MD.

DATE REC'D BY LOCAL REGISTRAR: 8-27-53 — REGISTRAR'S SIGNATURE: P.J. Bean, M.D. Local registrar

24. FUNERAL DIRECTOR: IC DR EDWARD F. GALLAGHER USN (father) — ADDRESS

VS. A-15 3955261

RECEIVED
AUG 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY St. Marys MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Patuxent River X
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Infirmary, U. S. Naval Air Station 50

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY St. Marys
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Park Hall X
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CINDY (Middle) JUNE (Last) HARDISON
4. DATE OF DEATH: (Month) Aug. (Day) 4 (Year) 1953
5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S
8. DATE OF BIRTH: 8-4-53
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. 10
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Charles William HARDISON
14. MOTHER'S MAIDEN NAME: Betty June PERISHO
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) 9 (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: U.S. Navy Files

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

762.5

Immediate cause (a) Atelectasis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Prematurity — 10 min

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 0915 4 Aug, from the causes and on the date stated above.

SIGNATURE R. R. Hansen (Degree or title) LT MC USNR ADDRESS U. S. Naval Air Sta., Patuxent River, Md. DATE SIGNED 8-4-53

23. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL & BURIAL DATE THEREOF 8-5-53 NAME OF CEMETERY OR CREMATORY EBENEZER (NMS BETHESDA MD AND RETURN) LOCATION (City, town, or county) GT MILLS, MD. (State)

DATE REC'D BY LOCAL REGISTRAR 8-4-53 REGISTRAR'S SIGNATURE P.G. Bean, M.D. Local Registrar AUTHORIZED DIRECTOR ~~Patu~~ U S Navy, Patuxent River, Md. ADDRESS

2083181381

RECEIVED
AUG 6 1953
BUREAU V. S.

Item 18 Film G157 8-21-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-1

1. PLACE OF DEATH:
COUNTY: ST MARYS. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Patuxent River, MD. X
LENGTH OF STAY (in this place): 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: INFIRMARY, USNAS PATUXENT RIVER MD.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: ILLINOIS COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: MT VERNON.
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) NORMAN (Middle) PIERCY (Last) HUDDLE Jr.

4. DATE OF DEATH: (Month) AUGUST (Day) 4 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): S

8. DATE OF BIRTH: 8-4-53.

9. AGE last birthday: yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours 2 Min. 53

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY: INFANT

11. BIRTHPLACE (State or foreign country): Maryland.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Norman Piercy HUDDLE Sr.

14. MOTHER'S MAIDEN NAME: Patrician Ann POWERS.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): NOT APPLICABLE

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: U.S Navy files.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

762.0

Immediate cause (a) PENDING AUTOPSY. Atelectasis — Interval Between Onset And Death: 2hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO — 53 min.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9:30 AM, 1953, to 12:25 PM, 1953 that I last saw the deceased alive on Aug 4, 1953., and that death occurred at 12:25 PM, from the causes and on the date stated above.

SIGNATURE: R.R. HANSEN (Degree or title) LT MC USNR ADDRESS: INFIRMARY, USNAS PATUXENT RIVER MD DATE SIGNED: 8-4-53.

23. BURIAL, CREMATION, REMOVAL (Specify): ~~Burial~~ REMOVAL DATE THEREOF: 8-5-53 NAME OF CEMETERY OR CREMATORY: NAVAL MEDICAL SCHOOL BETHESDA MD LOCATION (City, town, or county) (State): & RETURN FOR BURIAL.

DATE REC'D BY LOCAL REGISTRAR: 8-4-53

REGISTRAR'S SIGNATURE: P.J. Beary M.D. Local Registrar

24. FUNERAL DIRECTOR: Norman P. HUDDLE SR. ADDRESS: Patuxent River, Md.

32614

RECEIVED
AUG 6 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 281

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: St. Marys — MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: St. Marys City
   LENGTH OF STAY (In this place): X
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: East Pittsburgh — COUNTY: Penn.
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
   STREET ADDRESS (If rural, give location): 612 Sunnyside Ave,

3. NAME OF DECEASED (Type or Print): (First) Steve (Middle) Joseph (Last) Karas

4. DATE OF DEATH: (Month) Aug. (Day) 5 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: Oct. 3 1931

9. AGE last birthday: 21 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S. Navy

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Karas Sr.

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): 6/10/51 8/6/53

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: U.S. Navy Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Multiple extreme injuries, hemorrhage	Immediate
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) in brain and thorax	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Highway (CITY OR TOWN): near St Marys City, (COUNTY): St Marys (STATE): Md
TIME OF INJURY (Month) (Day) (Year) (Hour): Aug 5, 1953 1435 PM
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Automobile accident

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: P J Bean (Degree or title): MD ADDRESS: Great Mills, Md DATE SIGNED: Aug 7/53

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation
DATE THEREOF: 8/7/53
NAME OF CEMETERY OR CREMATORY:
LOCATION (City, town, or county) (State): East Pittsburgh, Pa.

DATE REC'D BY LOCAL REG.: Aug 7/53
REGISTRAR'S SIGNATURE: P J Bean MD Local Registrar
24. FUNERAL DIRECTOR: P.B. Robinson — ADDRESS: Leonardtown, Md.

RECEIVED
AUG 10 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY St. Marys; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Helen X; LENGTH OF STAY (in this place) X; HOSPITAL OR INSTITUTION OR STREET ADDRESS X

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY St. Marys; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Helen X; STREET ADDRESS Rural (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) Albert (Last) Long

4. DATE OF DEATH: (Month) 8 (Day) 18 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) married

8. DATE OF BIRTH: 7/31/1890

9. AGE last birthday: 63 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farm tenant

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. Robert Long

14. MOTHER'S MAIDEN NAME: Annie Johnson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. SOCIAL SECURITY NO.: ----------

17. INFORMANT: Mrs. Mildred Long - Helen, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: immediate

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic C.V. disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Thrombosis

19a. DATE OF OPERATION: 2

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 53, to Aug 53, that I last saw the deceased alive on 8/17/53, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE Ray Leyther, MD (Degree or title) ADDRESS Mechanicsville, Md DATE SIGNED 8/19/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE 8/21/53 — NAME OF CEMETERY OR CREMATORY: Mt. Zion Cemetery — LOCATION (City, town, or county) (State): Laurel Grove, Md.

DATE REC'D BY LOCAL REG. 8-20-53 — REGISTRAR'S SIGNATURE Cumalier

24. FUNERAL DIRECTOR: P.B. Robinson — ADDRESS: Leonardtown, Md.

RECEIVED
SEP 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 282

1. PLACE OF DEATH
COUNTY ST. MARYS — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RIVER SPRINGS (Rural) — LENGTH OF STAY (In this place) X
HOSPITAL OR INSTITUTION OR STREET ADDRESS NONE X

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE District of Columbia — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 3903 Warren St., N.W.

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	George	Francis	O'Malley	August	30th,	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	27 July, 1929	24 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stagehand	Theater	District of Columbia 48	USA

13. FATHER'S NAME: George E. F. O'Malley
14. MOTHER'S MAIDEN NAME: Maddlen F. Ennis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
Yes	WW II		Washington, D.C. Geo. E. F. O'Malley, father, 3903 Warren St., N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) SUFFOCATION, LACERATIONS, IN OVERTURNED AUTOMOBILE	IMMEDIATE
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	FRACTURE MANDIBLE	

822X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY HIGHWAY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) AUG (Day) 30 (Year) 1953 (Hour) 3 00 a.m.	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? AUTOMOBILE ACCIDENT		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. Roy Gunther, MD		Mechanicsville Md	8/30/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	8-30-53		Washington, D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8-30-53	Camalier	S. H. Hines - 2901 - 14th St. N.W.	Washington, D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
SEP 2 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY St Marys — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville — LENGTH OF STAY (in this place) 35 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS — X

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY St Marys
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mechanicsville
STREET ADDRESS (If rural give location) — X

3. NAME OF DECEASED: (Type or Print) (First) Lewis (Middle) Wilson (Last) Simpson

4. DATE OF DEATH: (Month) Aug (Day) 31 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 14 1895

9. AGE Last birthday 58 yrs. — IF UNDER 1 YEAR: Months 5 Days 13 — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Mechanic

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland Charles

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Benj Simpson

14. MOTHER'S MAIDEN NAME: Catherine Goad

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) World war I

16. SOCIAL SECURITY NO.: 214-18-8950

17. INFORMANT & ADDRESS: Mrs Marie H. Simpson Mechanicsville Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

141X

Immediate cause (a) Cachexia, generalized metastases

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Carcinoma of tongue — 2 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1957 — **19b. MAJOR FINDINGS OF OPERATION** Carcinoma tongue — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) NO — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov ....., 1957., to Aug 31 ....., 1953., that I last saw the deceased alive on Aug 29 ....., 1953., and that death occurred at 5.00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Roy Gruther, M.D. — ADDRESS Mechanicsville — DATE SIGNED 8/31/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Sept 2 53 — NAME OF CEMETERY OR CREMATORY Trinity — LOCATION (City, town, or county) Charles Co (State) Md

DATE REC'D BY LOCAL REGISTRAR 9/8/53 — REGISTRAR'S SIGNATURE H. Canalier

24. FUNERAL DIRECTOR Jos C. Mattingley — ADDRESS Leonardtown Md

mmb

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SEP 8 1953
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